

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**TREATMENT GUIDELINES
REVISED EFFECTIVE DECEMBER 1, 1999**

**GUIDELINE NUMBER 20 – DIAGNOSIS AND TREATMENT OF NECK AND
BACK (SPINAL) INJURIES**

**CONSERVATIVE OUTPATIENT TREATMENT
(UP TO 6 WEEKS FROM DATE OF INJURY)**

I. Background:

- A. The guideline for the diagnosis and treatment of spinal injuries is a consensus document, not a scientific treatise on the subject. For this reason the guideline must be broad enough to incorporate a wide range of diagnostic and treatment modalities. This allows for philosophical and practice differences between the various licensed health care practitioners in the state of Massachusetts.
- B. Some of the conservative treatment modalities dealt with in this guideline are rest, medication, immobilization, mobilization, manipulation, spinal adjustment, massage, physical agent modalities, rehabilitation and education.
- C. This guideline is meant to cover the majority of tests and treatments. It is expected that approximately 10% of cases will fall outside this guideline and require review on a case by case basis.

II. Exclusions :

- A. Concurrent unexplained fever over 48 hours
- B. Neoplasm
- C. Severe trauma - such as fracture or ligamentous injury
- D. Documented specific diagnoses (rheumatoid arthritis, herniated disc, spinal stenosis, spondylolisthesis, congenital fusion, diastematomyelia, hemivertebra, spinal osteomyelitis, prior spinal surgery at the same level.)
- E. A history of documented severe radicular pain and paresthesias related to neck movement and physical findings displaying motor weakness and reflex changes.
- F. Impaired bowel and bladder function
- G. Increasing pain and/or symptoms, despite treatment

III. Diagnostic and Treatment Measures (Up to 6 weeks from date of injury):

- A. Diagnostic Tests: - **Allowed**
 - 1. X-rays:
 - a. Back - Maximum 4 views (one study **Allowed**)
 - b. Neck - Maximum 5 views (one study **Allowed**)

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B. Diagnostic Tests: - *Not Allowed*

1. CT, MRI, Bone Scan
2. Computer Back Testing (CBT)
3. All EMG and Nerve Conduction Studies
4. Functional Capacity Evaluation (FCE)
5. Work Capacity Evaluation (WCE)
6. Thermogram
7. Myelogram
8. Evoked Potentials

C. Outpatient Treatment - **Allowed (Within scope of license):**

1. Medical office treatment sessions - maximum 4 visits in first 6 weeks
2. Physical therapy treatment sessions - maximum 18 visits in first 6 weeks
3. Occupational therapy treatment sessions - maximum 6 visits in first 6 weeks
4. Chiropractic treatment sessions - maximum 18 visits in first 6 weeks
5. Bedrest - maximum 2 days
6. Prescribed non-narcotic analgesics: muscle relaxants, nonsteroidal anti-inflammatory drugs
7. Narcotics - maximum 5 day course
8. Trigger point injection - maximum 2 injections within 4 weeks
9. Lumbar support
10. Cervical collar
11. Traction (Neck)
12. Manual therapy/spinal adjustment/manipulation
13. Therapeutic exercise (under the direct supervision of a licensed healthcare provider)
14. Patient education including activities of daily living, joint protection techniques, and back pain recovery and prevention - encouraged
15. Modified work activity through the recovery process - encouraged
16. Physical agents and modalities (e.g., heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, fluori-methane) maximum of 2 allowed per treatment session

D. Outpatient Treatment - *Not Allowed*

1. Facet injection
2. Epidural block
3. Spinal Traction (Back)
4. Physical agents and modalities (e.g., heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, fluori-methane) if only treatment procedure

E. Inpatient Treatment - *Not Allowed*

F. For patients treated by more than one discipline (physical therapy, occupational therapy, allopathic medicine and chiropractic), similar services should *not* be duplicated.